U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25063	2. Fiscal Year Covered From:  1		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Russell C Oathout -	Name TCU System Board No. 86		
	Labor Organization File Number 036-920		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3217 Griggs Drive	Street 309 A Street		
City Boothwyn	City Wilmington		
State Pennsylvania ZIP Code + 4 19061	State Delaware ZIP Code + 4 19801-5324		
5. Position in labor organization.  General Chairman			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Norfolk Southern Corporation	Attended N.S. Safety Conference. Company reimbursed TCU my actual transportation costs (\$736.90). Company provided hotel & meals (breakfast and		
Trade Name, if any: Railroad	lunch). Since the Meal & lodging amounts are unkown by me, the amount shown was the actual reimbursment to TCU.		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street Three Commercial Place			
City Norfolk	\$737		
State Virginia ZIP Code + 4 23510-9225			

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information			
submitted in this report (including the information contained in any accompany)	ing documents), has been examined by the signatory and is, to the best of the	ne	
undersigned's knowledge and belief, true, correct, and complete. (See the sec	ction on penalties in the instructions.)		
Signed Average ( )			
Signed Avian II	On 03/09/2006 302-498-0959 Ext. 18		

Date

Telephone Number

Name of Person Filing Russell Oathout		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organiza	tion		
Trade Name, if any:	b. Trust			
P.O. Box, Bidg., Room No., if any Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such deali	ng.		
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar valu	ue of such dealing.		
City	12.a. Nature of interest hek	d or income received,		
State ZIP Code + 4				
	12.b. Amount.			
	12.b. Aniount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing	Russell	Oathout	File Number U-

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived	income or other economic honofit of monetany value from an employer whose
employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name National Railroad Passenger Corporation  Trade Name, if any: AMTRAK	Company provided various train travel, as is allowed/required by the CBA to covered rail employees and their representatives. No amount shown below, as the actual travel costs are not
	made known to me by the company. However, I believe it is over \$250.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 60 Massachusetts Ave, N.E.	
City Washington	
State District of Columbia ZIP Code + 4 20002	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	